



(Please Print or Type)

APPLICATION - LEVELS IV, V, VI
New Jersey Certified Public Manager Program
New Jersey Department of Personnel
Fairleigh Dickinson University

FOR PROGRAM USE ONLY

Assigned Group Number	Start Date
Location	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

1. NAME (last, first, middle initial)		2. SOCIAL SECURITY NUMBER	
3. JOB TITLE & TITLE RANGE (Department of Personnel Title for State Employees)		4. E-MAIL ADDRESS	
5. DEPARTMENT / AGENCY / JURISDICTION		6. DIVISION / INSTITUTION / UNIT	

7. BACKGROUND DATA <i>Completion of this part is voluntary and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.</i>	A. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	B. CHECK THE GROUP YOU ARE A MEMBER OF 1 <input type="checkbox"/> Black (Non Hispanic) 2 <input type="checkbox"/> White (Non Hispanic) 3 <input type="checkbox"/> Hispanic 4 <input type="checkbox"/> Asian or Pacific Islander (Including Indian Sub-continent) 5 <input type="checkbox"/> American Indian or Alaskan Native
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PRIVACY ACT STATEMENT: Participant data, including Social Security Number, is requested in order to identify participants accurately for registration into Institute events, to confirm registrations, and to produce staff development records and reports. Any other use of this information and any release outside the Institute and the customer organization are prohibited. Authority to collect this data is pursuant to NJSA 11A:6-25 and NJAC 4A:6-4.2(e). The provision of this information is voluntary on the part of the participant.

8. ADA ACCOMMODATION: If you need any special consideration/ assistance in order to take this course, please contact the CPM Office.	9. Please attach an organizational chart with the name(s) of the programs managed and the staffing complement of each program with names and titles. Also, briefly describe your managerial responsibilities.
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10. HOME ADDRESS (Street, City, County, State, & Zip Code) Home Phone: () -	11. BUSINESS ADDRESS (Street, City, State, & Zip Code) Business Phone: () - Business Fax: () -
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12. EDUCATION (Check highest level completed) <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor or <input type="checkbox"/> Some Post Graduate <input type="checkbox"/> Doctorate Masters Area of Study: _____	13. Class location: Levels IV - VI are held at a variety of sites. Please indicate the complete address of your desired training site. 1st Choice: _____ 2nd Choice: _____
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14. When did you complete Levels I - III of the CPM Program?	15. Total years of managerial experience:
16. Applicant's Signature:	This applicant is a manager and authorized to attend the Certified Public Manager Program. (Levels IV - VI)
Date:	Signature (Chief Executive Officer or Designee) Date:

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GROUP NUMBER LEVELS I - III:	DATE CERTIFIED LEVELS I - III
PENDING COMPLETION LEVELS I - III: EXAM 1 _____ PRACTICUM 1 _____ PROJECT 1 _____ EXAM 2 _____ PRACTICUM 2 _____ PROJECT 2 _____ EXAM 3 _____ PRACTICUM 3 _____ PROJECT 3 _____ ATTENDANCE _____ ELECTIVES _____	
Send completed to: NJ Department of Personnel HRDI Certified Public Managers Program P.O. Box 318 Trenton, NJ 08625-0318 Or Fax: (609) 777-3763 Attn: CPM Program For more information please call: HRDI: (609) 777-0364 or FDU: (201) 692-7171	